

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2013 MAY -1 PM 3:27
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

FEC MAIL CENTER
12FE4M5

DRUG POLICY REFORM FUND

ADDRESS (number and street)

1131 WEST 33rd STREET

115th FLOOR

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00461236

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

11' 06' 2012

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

10' 01' 2012

through

10' 17' 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RYAN CHAVEZ

Signature of Treasurer

R Chavez

Date

04' 25' 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

13031064045

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period: From:

To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="21,664.34"/>	<input type="text" value="21,664.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19,219.19"/>	<input type="text" value="19,219.19"/>
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="11,000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="19,219.19"/>	<input type="text" value="32,664.34"/>
7. Total Disbursements (from Line 31)	<input type="text" value="4,122.84"/>	<input type="text" value="17,567.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="15,096.35"/>	<input type="text" value="15,096.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<input type="text" value=""/>



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13031064046

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DRUG POLICY REFORM FUND

Report Covering the Period: From:

10 / 01 / 2012

To:

10 / 17 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

-0-

10000.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

-0-

10000.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

-0-

10000.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

11000.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

11000.00

13031064047

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	122,84	2067,99
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000,00	15,500,00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4,122,84	17,567,99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4,122,84	17,567,99

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

12284

206799

13031064049

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE / OF /

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DRUG POLICY REFORM FUND

Full Name (Last, First, Middle Initial)

A. DRUG POLICY ALLIANCE

Date of Disbursement

70 / 15 / 2012

Mailing Address

131 W. 33RD STREET 15TH FL.

City

NEW YORK

State

NY

Zip Code

10001

Purpose of Disbursement

OVERHEAD EXPENSES

0.01

Amount of Each Disbursement this Period

12284

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

12284

TOTAL This Period (last page this line number only).....▶

12284

13031064050

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

DRUG POLICY REFORM FUND

Full Name (Last, First, Middle Initial)

A. SCOTT PETERS FOR CONGRESS

Mailing Address
4715 VIEWRIDGE AVENUE S.150

City SAN DIEGO State CA Zip Code 92123

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
SCOTT PETERS

011
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: CA District: 52nd 2012

Date of Disbursement

10 / 17 / 2012

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Mailing Address
P.O. BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DAN MAFFEI

011
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: NY District: 24th 2012

Date of Disbursement

10 / 16 / 2012

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. JEFFRIES FOR CONGRESS

Mailing Address
39 BROADWAY S.1540

City NEW YORK State NY Zip Code 10006

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
HAKEEM JEFFRIES

011
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: NY District: 8th 2012

Date of Disbursement

10 / 16 / 2012

Amount of Each Disbursement this Period

1,000.00

SUBTOTAL of Disbursements This Page (optional).....▶

3,000.00

TOTAL This Period (last page this line number only).....▶

13031064051

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **2**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

DRUG POLICY REFORM FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JULIAN SCHREIBMAN

Mailing Address

P.O. Box 3151

City

KINGSTON

State

NY

Zip Code

12402

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

JULIAN SCHREIBMAN

011

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NY**

District: **19^D**

2012

Date of Disbursement

10 / 16 / 2012

Amount of Each Disbursement this Period

100000

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

100000

TOTAL This Period (last page this line number only).....▶

400000

13031064052

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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No Postmark

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4/30/17
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmp

PREPARER

(3/2005)

5/1/17

DATE PREPARED

13031064053